

FEB 0 5 2001





## **DECLARATION UNDER 37 C.F.R. § 1.63**

As a below named inventor I hereby declare that: my residence, post office address and citizenship are as stated below next to my name; that

I verily believe I am the original, first and sole inventor (if only one name is listed below) or a joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: METHOD AND APPARATUS FOR MODIFYING ACOUSTIC WAVE CHARACTERISTICS

CHARACTERISTICS	initiod. WILLIIOD III (D I		II III d Neocosiie Wiive					
The specification of whice a. is attached hereto. b. was filed on September which I have reviewed an		on Serial No. 09/672,682, ed States patent.	,					
I hereby state that I have claims, as amended by ar	reviewed and understand the ny amendment referred to about	ne contents of the above-id bove.	entified specification, including the					
	o disclose information which, Code of Federal Regulation							
application(s) for patent of		ed below and have also ide	119/365 of any foreign ntified below any foreign of the application on the basis of					
a. no such application such applications	ns have been filed. have been filed as follows:							
F	OREIGN APPLICATION(S), IF ANY,	, CLAIMING PRIORITY UNDER 3	5 USC § 119					
COUNTRY	APPLICATION NUMBER	DATE OF FILING (day, month, year)	DATE OF ISSUE (day, month, year)					
ALL FOREIGN APPLICATION(S), IF ANY, FILED BEFORE THE PRIORITY APPLICATION(S)								
COUNTRY	APPLICATION NUMBER	DATE OF FILING (day, month, year)	DATE OF ISSUE (day, month, year)					
international application(s is not disclosed in the pri United States Code, § 11	or United States application 2, I acknowledge the duty to	as the subject matter of ea in the manner provided be o disclose material inform	y United States and PCT such of the claims of this application by the first paragraph of Title 35, ation as defined in Title 37, Code prior application and the national					

or PCT international filing date of this application.

I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below:

U.S. PROVISIONAL APPLICATION NUMBER	DATE OF FILING (Day, Month, Year)		

Attorney Docket No.: 071815.0490



Please direct all correspondence in this case to Ted R. Rittmaster, Esq. at the address indicated below:

## Ted R. Rittmaster Foley & Lardner 2029 Century Park East - Suite 3500 Los Angeles, CA 90067-3021

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

		1			
	Full Name Family Name		First Given Name		Second Given Name
2	Of Inventor	HONG	John		NMI
					·
0	Residence	ence City State or Foreign Country			Country of Citizenship
		Thousand Oaks	California		U.S.A.
	& Citizenship				
1	Post Office				State & Zip Code/Country
	Address	3310 Silverspur Court	Thousand Oaks		California 91360
Signature of Inventor 20th				Date: /	' /
Signature of Inventor 2015			0111	9/8/	
	<b>7</b> 11 37	Family Name	First Given Name	- 7	Second Given Name
1.	Full Name	Family Name	First Given Name		Second Given Name
2	Of Inventor				
0	Residence	City State or Foreign Country			Country of Citizenship
	& Citizenship				
2	Post Office	Post Office Address	City		State & Zip Code/Country
[ ]	Address	1 200 0 100 100 100 100 100 100 100 100	•		
<u> </u>		M.		Date:	
Signa	ature of Inventor 2	02:	•	Date.	
<u></u>			T		
	Full Name	Family Name	First Given Name		Second Given Name
2	Of Inventor				
					·
0	Residence	City	State or Foreign Country		Country of Citizenship
`	& Citizenship	City	State of Toroign Country		•
					State 9. 7th Co. Jo/Country
3	Post Office	Post Office Address	City		State & Zip Code/Country
	Address			· ·	
Signature of Inventor 203:				Date:	
	Full Name	Family Name	First Given Name		Second Given Name
2	Of Inventor	Taning Name	This Given rame		
-	Of inventor				
0	0 Residence City		State or Foreign Country		Country of Citizenship
1	& Citizenship				
4	Post Office Post Office Address City			State & Zip Code/Country	
	Address				
Sia-	Signature of Inventor 204:			Date:	
Signa	Signature of inventor 201.				
<u></u>				<u> </u>	